

VOLUNTEER APPLICATION

Thank you so much for offering to volunteer in our schools! Please help us get to know you by filling out this form:

Name of Applicant: _____

Address: _____ Home Phone: _____

City: _____ Business Phone: _____

Postal Code: _____ Emergency Contact: _____
(Name/Phone)

Have you previously volunteered or worked with the Western School District or another school board? No Yes If yes, what was the nature of the activity and the dates? _____

Languages: Spoken: English French
Written: English French

Skills: Arts English Languages Science
 Athletics Geography Library Keyboarding
 Business Handicrafts Math Writing
 Computers Health Music Dance
 History Office Drama Other

Program/Activity Area: (please indicate your area(s) of interest)

Classroom Mentoring ESL Computers
 Literacy Clubs/Fairs Enrichment Library
 Special Ed. Sports/Coach Fundraising Trips/Event
 Tutoring Languages Other

Grade Level Preferred:

Kindergarten 4-6 Secondary
 1-3 7-9 N/A

Availability: Days and Times Preferred (please check)

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Mornings					
Afternoons					
Evening					
Other					

Reference Checks:

Depending on the degree of supervision in the volunteer position for which you have applied, you may be required to provide a Certificate of Conduct. If required, are you willing to provide required documents? No Yes

Are you currently facing, or have you at any time faced, allegations of sexual abuse or harassment? No Yes

If required, do you authorize The Western School District School Board to contact the persons/organizations listed below and for the persons/organizations to disclose information for the purposes of obtaining a personal reference regarding your suitability for volunteer activities?
 No Yes

Name of Reference	Employer/Relationship	Position/Activity	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the Principal/Designate to solicit, if required, a personal reference from the references provided in connection with my application for a placement as a school volunteer. I will hold in confidence all information and material received from and about students and/or personnel that may come to my attention in course of my duties.

Applicants Signature: _____ Date: _____

Interviewed by: _____

This information is being collected for the purposes of student enrolment/registration, the provision of safe and caring school environments and student programming. This information is collected under authority of the Schools Act (1997). If you have any questions regarding data collection or use, please contact the School Principal - contact information is on <http://www.wnlsd.ca>. It is the responsibility of the parent (or the student if they are over 19 years of age) to ensure this record is updated for accuracy in the event circumstances/information change.